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| PATENT APPLICATION FEE DETERMINATION RESORD  Substitute for Form PTO-875  Application or Docket Number  Substitute for Form PTO-875                                         |                                                                 |                                           |                                                                                                                                                                                                                               |                                             |                  |    |                                         |                             |      |                               |                                       |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------|----|-----------------------------------------|-----------------------------|------|-------------------------------|---------------------------------------|--|
| APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENT                                                                                                               |                                                                 |                                           |                                                                                                                                                                                                                               |                                             |                  |    |                                         | NTITY                       | OR   | OTHER THAN<br>OR SMALL ENTITY |                                       |  |
|                                                                                                                                                                             | FOR                                                             | NUMBI                                     | NUMBER FILED                                                                                                                                                                                                                  |                                             | NUMBER EXTRA     |    | RATE (\$)                               | FEE (\$)                    |      | RATE (\$)                     | FEE (\$)                              |  |
|                                                                                                                                                                             | IC FEE<br>FR 1.16(a), (b), or (c                                | ))                                        | N/A                                                                                                                                                                                                                           |                                             | . N/A            |    | N/A                                     |                             |      | N/A                           |                                       |  |
|                                                                                                                                                                             | RCH FEE<br>FR 1.16(k), (I), or (m                               | » '                                       | N/A                                                                                                                                                                                                                           |                                             | N/A              |    | . N/A .                                 | : .                         |      | N/A                           |                                       |  |
| EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                                                                                            |                                                                 |                                           | N/A                                                                                                                                                                                                                           |                                             | N/A              |    | N/A                                     |                             |      | N/A                           |                                       |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(I))                                                                                                                                            |                                                                 |                                           | minus 20 =                                                                                                                                                                                                                    |                                             | •                |    | × 25. =                                 |                             | OR   | × 50 =                        |                                       |  |
|                                                                                                                                                                             | EPENDENT CLAIR<br>OFR 1.16(h))                                  | MS .                                      | minus 3 =                                                                                                                                                                                                                     |                                             | •                |    | × 105 =                                 |                             |      | × 210 =                       |                                       |  |
| FEE                                                                                                                                                                         | LICATION SIZE<br>CFR 1.16(s))                                   | sheets of<br>is \$260 (\$<br>additional   | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                             |                  |    |                                         |                             |      |                               | ,                                     |  |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(g))                                                                                                                           |                                                                 |                                           |                                                                                                                                                                                                                               |                                             |                  | ١. | 185                                     |                             | . /  | 370                           |                                       |  |
| * If the difference in column 1 is less than zero, enter *0* in column 2.                                                                                                   |                                                                 |                                           |                                                                                                                                                                                                                               |                                             |                  |    | TOTAL                                   |                             | ( .' | TOTAL                         |                                       |  |
| APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                                                                                                          |                                                                 |                                           |                                                                                                                                                                                                                               |                                             |                  |    | SMALL ENTITY OR OTHER THAN SMALL ENTITY |                             |      |                               |                                       |  |
| AMENDMENT A                                                                                                                                                                 | , 9                                                             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·                                                                                                                                                                                                                             | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |    | RATE (\$)                               | ADDI-<br>TIONAL<br>FEE (\$) |      | RATE (\$)                     | ADDI-<br>TIONAL<br>FEE (\$)           |  |
|                                                                                                                                                                             | Total<br>(37 CFR 1.16(1))                                       | 17                                        | Minus                                                                                                                                                                                                                         | <sup>"</sup> 20                             |                  | 1  | × 25 =                                  |                             | OR   | х б <i>b</i> =                |                                       |  |
|                                                                                                                                                                             | Independent<br>(37 CFR 1,16(h))                                 | - T                                       | Minus                                                                                                                                                                                                                         | 5                                           | = 7              | 1  | x 105 =                                 |                             | OR   | × 210 =                       |                                       |  |
|                                                                                                                                                                             | Application Size Fee (37 CFR 1.16(s))                           |                                           |                                                                                                                                                                                                                               |                                             |                  | 1  |                                         |                             |      |                               |                                       |  |
| (                                                                                                                                                                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(J)) |                                           |                                                                                                                                                                                                                               |                                             |                  |    | 185                                     |                             | OR - | 340<br>M                      |                                       |  |
|                                                                                                                                                                             |                                                                 |                                           |                                                                                                                                                                                                                               |                                             |                  |    | TOTAL<br>ADD'L FEE                      |                             | OR   | TOTAL<br>ADD'L FEE            |                                       |  |
| ,                                                                                                                                                                           |                                                                 | (Column 1)                                |                                                                                                                                                                                                                               | (Column 2)                                  | (Column 3)       |    |                                         | ·                           |      |                               |                                       |  |
| AMENDMENT B                                                                                                                                                                 |                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                                                                                                                                                                                                               | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |    | RATE (\$)                               | ADDI-<br>TIONAL<br>FEE (\$) |      | RATE (\$)                     | ADDI-<br>TIONAL<br>FEE (\$)           |  |
|                                                                                                                                                                             | Total<br>(37 CFR 1.16())                                        | •                                         | Minus                                                                                                                                                                                                                         | **                                          | =                |    | x 25 =                                  |                             | OR   | × 50 =                        |                                       |  |
|                                                                                                                                                                             | Independent<br>(37 OFR 1.16(h))                                 | •                                         | Minus                                                                                                                                                                                                                         | ***                                         | #                |    | × 105 =                                 |                             | OR   | × 210 =                       |                                       |  |
|                                                                                                                                                                             | Application Size Fee (37 CFR 1.16(s))                           |                                           |                                                                                                                                                                                                                               |                                             |                  | ]  |                                         |                             |      |                               | · · · · · · · · · · · · · · · · · · · |  |
|                                                                                                                                                                             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16())  |                                           |                                                                                                                                                                                                                               |                                             |                  |    | 185                                     |                             | OR   | 3 70<br>NA                    |                                       |  |
|                                                                                                                                                                             |                                                                 |                                           |                                                                                                                                                                                                                               |                                             | · .              |    | TOTAL<br>ADD'L FEE                      |                             | OR   | TOTAĻ<br>ADD'L FEE            | · .                                   |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". |                                                                 |                                           |                                                                                                                                                                                                                               |                                             |                  |    |                                         |                             |      |                               |                                       |  |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.